

# STATE CONTEST APPLICATION FORM



**Fill in ALL sections. TYPE or PRINT legibly with pen.  
Identify yourself by the name you want to be called.**

## SCHOOL INFORMATION

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ County \_\_\_\_\_  
Teacher's Name(s) \_\_\_\_\_  
Email \_\_\_\_\_  
NHD District # \_\_\_\_\_

## ENTRY INFORMATION

Title \_\_\_\_\_

URL (Website category only) \_\_\_\_\_

Division: ☐ Junior (Grades 6-8) ☐ Senior (Grades 9-12)

### Category (Check ONE only)

- |  |  |
|--|--|
| <input type="radio"/> Individual Exhibit     | <input type="radio"/> Individual Documentary |
| <input type="radio"/> Group Exhibit          | <input type="radio"/> Group Documentary      |
| <input type="radio"/> Individual Performance | <input type="radio"/> Historical Paper       |
| <input type="radio"/> Group Performance      | <input type="radio"/> Individual Website     |
|  | <input type="radio"/> Group Website          |

### Check items needed

- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> Table space | <input type="radio"/> Electrical outlet |
| <input type="radio"/> Floor space | <input type="radio"/> Projection screen |

I affirm that the entry submitted for competition was researched and developed during the school year. I understand that the History Day Committee and sponsors will not be responsible for loss or damage to exhibits and personal belongings during the day's activities.

Individual Student or Group Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature (to approve entry) \_\_\_\_\_ Date \_\_\_\_\_

Entry# _____	Judges _____
Location _____	
Time _____	

**OFFICE USE ONLY**

## STUDENT INFORMATION Individual or Group Leader

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Email (optional) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Email \_\_\_\_\_

### Group Members (Not including Group Leader)

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

**PLEASE REVIEW INSTRUCTIONS ON OTHER SIDE OF THIS SHEET**